## WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH See Instructions on Reverse Side

1. Count	y Caukee		Village Check	alone and	
2. Locat	ion bluck		57 621 Hay		315
	Name of str	eet and number of premis	s or Section, Town and Range n	umbers	
3. Owne	er 🗌 or Agent 💢 🤇	Name of individual	partnership or firm		
4 Mail	Address Celar Co		un Graf	Etora Win	
At MICHI	ALCUICOS	Complete add	ress required	,	
5. From	well to nearest: Buildin	ng <i></i> ft; sewer	ft; drainft; s	eptic tank 55 f	;
dry w	vell or filter bed_4_9_f	t; abandoned well	ft		
6. Well	is intended to supply w	rater for:	mi_		
	LHOLE:	4001 1011 222222	10. FORMATIONS:		
	From (ft.) To (ft.) Dia. (in.)	From (ft.) To (ft.)	Kind	From (ft.)	To (ft.)
700	0 43		Sandy Red	Clay 6	15
6"	43 /32		Blue Clay		25
8. CAS	ING AND LINER PIP	E OR CURBING:	Sanda Blew	9	3.5
Dia. (in.)	Kind and Weight	From (ft.) To (ft.)	Blue Class & ar	J	39
700	Stul 23 Us foot	0 43		Drese Rech 39	43
			Line Roc	Ke 43	132
	<u> </u>	<u> </u>			
9. GROUT:					
Kind From (ft.) To (ft.)			ļ <sup>(1</sup> )	<u> </u>	
Duit	ling Mud	0 43	Construction of the w		
<del></del>			Construction of the w	gii was completed o	n:
11. MI	SCELLANEOUS DAT	A:	april	<u> 39</u>	_ 19_5_7
Yield test: Hrs. at GPM:			The well is terminated		
Denth fro	om surface to water-lev	rel: ft.	☐ above, below ☐ the	e permanent ground	d surface.
_		ft.	Was the well disinfect	ted upon completio	n ?
	vel when pumping:		Yes No		
	mple was sent to the st		Was the well sealed v	vatertight upon co	mpletion?
Madison on april 1957			Yes No		
<del></del>			<u></u>		<del> </del>
Signature	e Mic Prom	Lezus	R 3 Celare Complet	bring	
	Registered Well Dri	iller Please do not wr	ite in space below	e man Addigess	
Ros'd		No.	10 ml 10	) ml 10 ml 10 m	1 10 ml
			Gas-24 hrs		
Interpretat	ion		48 hrs		· · · · · · · · · · · · · · · · · · ·
			Confirm		
			B. Coli		·X
_ U Z 6	<b>535</b>		1	<b>-</b>	